REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Mail Stop RCE **Commissioner For Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

Application Number:	10/827,125		
Filing Date:	April 19, 2004		
First Named Inventor:	Michael David Burke		
Group Art Unit:	2168		
Examiner Name:	Gortayo, Dangelino N.		
Attorney Docket No	MAR00326P00150LIS		

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

" 1.	amend unless	ission required under 37 C.F.R. §1.114 Note: If the RCE is proper, any previously-filed unentered diments and amendments enclosed with the RCE will be entered in the order in which they were filed applicant instructs otherwise. If applicant does not wish to have any previously filed unentered diment(s) entered, applicant must request non-entry of such amendment(s).							
	a.	□			Office Action is outstanding, any				
			final (Office Action may be cons	idered as a submission even if th	is box is not checked.			
		i.		_	s in the Appeal Brief or Reply Brie	•			
		ii.	□	Other:					
	b.		Enclo						
	٠.	<u> </u>		Amendment/Reply					
•			<u> </u>		(-)				
		ii.		Affidavit(s)/Declaration	• •				
-		iii.	<u></u>	Information Disclosure		•			
•,		iv.		Petition for Extension of	of Time				
		٧.		Other:					
2.	Misce	llaneous		spension of action on the 03(c) for a period of:	above-identified application is rec	quested under 37 CFR			
	a.		1.17(i	months. (Period of s	suspension shall not exceed 3 mc	onths. Fee under 37 CFR			
	b.		Other						
3.	Fees.		CE fee		equired by 37 CFR 1.114 when the	ne RCE is filed. The filing			
					Small Entity	Large Entity			

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For	Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Rate	Fee		Rate	Fee
Basic Fee					\$405.00	OR		\$810.00
Total Claims	14	20	0	x \$25.00	\$	OR	x \$50.00	\$
Independent Claims	1	3	0	x \$105.00	\$	OR	x \$210.00	\$
Multiple Dependent Claims				x \$185.00	\$	OR	x \$370.00	\$
	AAA44 10027125			TOTAL	\$405.00	OR	TOTAL	\$

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405.00 OP

	a.	՛്	or cred		authorized to charge the following fees, any underpayment of fees, ents; to Deposit Account No. 23-0785. I have enclosed a duplicate
		i.	⊠	RCE filing fee	
		iii.		Other	
	b.	፟	A che	ck in the amou	nt of \$405.00 to cover the fees is enclosed.
4.	Corres	ponden	ce Add	ress:	WOOD, PHILLIPS, KATZ, CLARK & MORTIMER Citigroup Center, Suite 3800 500 West Madison Street Chicago, Illinois 60661 Telephone: (312) 876-1800 Facsimile: (312) 876-2020
				Custo	omer Number: 32116
Date:	Janua	ary 10, 2	008	Attorney	's Signature MillM
					F. William McLadghlin, Reg. No. 32,273
`		,			37 CFR 1.8 CERTIFICATE OF MAILING
Thereby ce Commissio	rtify that this	correspond	ence is bein	g deposited with the Unit	ted States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, 450, on January 10, 2008.
		,		Signature:	orinne Byk
				Name:	Corinne Byk